## SIMPLIFIED FOOD STAMP PROGRAM UNPAID WORK EXPERIENCE (WEX) AND UNPAID COMMUNITY SERVICE HOURS WORKSHEET

assig or 35	plete this form to determine the maximum an individual to unpaid community services per week. (Note: A county need)	vice and/or unpaid WEX, up to 32- I not assign an individual all of the		
hours determined by the formula below). If the assignment is less than 32- or 35-hours per week, the individual is required to participate in other activities to meet his or her work participation requirement.				
			ACTIVITY PARTICIPATION MONTH	
PARTICIPANT'S NAME			CASE NO.	
1.	Actual Cash Grant Authorized for the G Underpayments and Supplemental Payn Month. (After Penalties and Overpayme Used to Subsidize Grant-Based OJT Co	nents On or Before the 10th of the ents. Do Not Include Any Amount	\$	
2.	Actual Food Stamp Allotment Authorized Including Underissuances Paid On or Be Overissuance Adjustments.) To determ food stamp households, use this formula in the Allother Communication of the Allother Communication o	efore the 10th of the Month. (After mine prorated amount for <b>mixed</b> ula:		
	Total Household FS Allotment (\$# of FS Recipients in Household (	) = (FS (# of Amount/ CalWORKs Person) Recipients)	+ \$	
3.	Total Benefits Paid for the Grant/Calcula (Total of line 1 and line 2)	tion Month.	= \$	
4.	Monthly Minimum Wage Calculation Amount for the Grant/Calculation Month. (Divide line 3 by the appropriate minimum wage)			
	\$		=	
5.	Maximum Average Unpaid WEX/Comr Grant/Calculation Month. (Divide line 4 by 4.33)  (Round Down) (line 4)	munity Service Hours for the _ ÷ 4.33	=	
COMP	LETED BY	AGENCY	DISTRICT NUMBER (IF APPLICABLE)	DATE